

<i>SERFF Tracking Number:</i>	<i>SYMX-126005600</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41918</i>
<i>Company Tracking Number:</i>	<i>AV AR0006910F01</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>RSA-0013 1/09 Electronic Application-Variable Ann</i>		
<i>Project Name/Number:</i>	<i>RSA-0013 1/09 Electronic Application-Variable Annuities/AV AR0006910F01</i>		

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: RSA-0013 1/09 Electronic Application-Variable Ann SERFF Tr Num: SYMX-126005600 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed

State Tr Num: 41918

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: AV AR0006910F01

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 01/30/2009

Date Submitted: 01/23/2009

Disposition Status: Approved

Implementation Date Requested: 02/27/2009

Implementation Date:

State Filing Description:

General Information

Project Name: RSA-0013 1/09 Electronic Application-Variable Annuities

Status of Filing in Domicile: Pending

Project Number: AV AR0006910F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/30/2009

State Status Changed: 01/30/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Symetra Life Insurance Company

NAIC# 1129-68608 FEIN# 91-0742147

RSA-0013 1/09- Electronic Application

RSA-0013/A 1/09 - Supplemental Page to Application

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On behalf of Symetra Life Insurance Company, please find enclosed for your review and approval the above referenced form number. This is a new filing and the referenced form replaces no other form currently in use by Symetra. This form does not deviate from company or industry standards. Symetra will begin use of this form upon approval by your state.

The RSA-0013 1/09 Electronic Application will be used with all approved variable annuity contracts approved by your department.

The RSA-0013/A 1/09 Supplemental Page to Application will only be issued when one of the Benefits/Riders/Service Features are chosen. Otherwise, this page will not be given at time of issue.

These products will be sold through agents and banks that are licensed and appointed by Symetra Life Insurance Company.

Should you have any questions or concerns regarding this filing, please feel free to contact me at the number listed below or via email. Thank you for your time and consideration.

Respectfully submitted,

Rae Anne O'Keefe
Symetra Life Insurance Company
425-256-5536 or 800-796-3872 ext 68210
425-256-5466
raeanne.okeefe@symetra.com

Company and Contact

Filing Contact Information

Rae Anne O'Keefe, State Filings Coordinator raeanne.okeefe@Symetra.com
P.O. Box 34690 SC-11 (425) 256-8000 [Phone]
Seattle, WA 98124-1690 (425) 256-5466[FAX]

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Filing Company Information

Symetra Life Insurance Company	CoCode: 68608	State of Domicile: Washington
P.O. Box 34690	Group Code: 1129	Company Type:
Seattle, WA 98124-1690	Group Name:	State ID Number: 667
(425) 256-8000 ext. [Phone]	FEIN Number: 91-0742147	

SERFF Tracking Number: SYMX-126005600 *State:* Arkansas
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Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$20.00	01/23/2009	25237212

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/30/2009	01/30/2009

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Disposition

Disposition Date: 01/30/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SYMX-126005600	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	41918
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Electronic Variable Deferred Annuity Application		Yes
Form	Supplemental Page to Electronic Variable Application		Yes

SERFF Tracking Number: SYMX-126005600 State: Arkansas

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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: RSA-0013 1/09 Electronic Application-Variable Ann

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Form Schedule

Lead Form Number: RSA-0013 1/09

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	RSA-0013 1/09	Application/ Electronic Variable Enrollment Deferred Annuity Form Application	Initial		0	RSA-0013 1_09.PDF
	RSA- 0013/A 1/09	Application/ Supplemental Page Enrollment to Electronic Variable Form Application	Initial		0	RSA-0013_A 1_09.PDF

VARIABLE DEFERRED ANNUITY

Product: _____

The contract being purchased may be subject to product surrender charges, income tax withholding, and a 10% IRS penalty for distributions taken prior to age 59½. Please review your contract and consult with a tax advisor.

Electronic Order Number: _____ Submitted: _____ Brokerage Account: _____

Account Designation: _____ Owner Type: _____ IRS Plan Type: _____

Contract Entities: Owner	Name (first, middle initial, last)				SSN
	Address (number and street, city, state, zip)				Phone No. (include area code)
	Date of Birth	Trust <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Email
Joint Owner	Name (first, middle initial, last)			Relation to Owner	SSN
	Address (number and street, city, state, zip)				Phone No. (include area code)
	Date of Birth	Trust <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Email
Annuitant	Name (first, middle initial, last)			Relation to Owner	SSN
	Address (number and street, city, state, zip)				Phone No. (include area code)
	Date of Birth	Trust <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Email
Joint Annuitant	Name (first, middle initial, last)			Relation to Owner	SSN
	Address (number and street, city, state, zip)				Phone No. (include area code)
	Date of Birth	Trust <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship	Email

Beneficiary(ies)	Name (first, middle initial, last)	SSN	Relationship to Owner	Percentage(%)
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Primary				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				
Contingent				

Payments☐ *More than 3
payments*

Money Source	Amount \$	Tax Year
Payment Method		
Ceding Carrier	Surrendered Policy	
Money Source	Amount \$	Tax Year
Payment Method		
Ceding Carrier	Surrendered Policy	
Money Source	Amount \$	Tax Year
Payment Method		
Ceding Carrier	Surrendered Policy	

**Agent/
Representative**☐ *More than 4
agents*

Firm Name			
Agent Printed Name	State License No.	Split %	Agency No.

**Telephone
Transfer
Authorization**

Accept telephone transfer authorization from the following parties. I have indicated the password to be used, or will include this in separate correspondence:

Mother's Maiden Name or Password for all parties: (_____)

- ☐ _____ is authorized for telephone transfer
- ☐ _____ is authorized for telephone transfer
- ☐ _____ is authorized for telephone transfer
- ☐ _____ is authorized for telephone transfer
- ☐ _____ is authorized for telephone transfer
- ☐ _____ is authorized for telephone transfer

**Benefits /
Riders /
Service
Features
Chosen:**

These Benefits / Riders / Service Features are further defined on the supplemental page(s).

**Owner's
Statement
and
Signatures**

Do you have any existing life insurance or annuity contracts with this or any other company?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Will this contract replace any existing annuity or insurance contract with this or any other company?

☐ Yes (complete the following and submit state specific replacement forms, if required) ☐ No

Company Name

Contract No.

Company Name

Contract No.

Under penalties of perjury, I certify that the Social Security or Tax ID number listed on this application is correct. I declare that the statements and answers on this application are full, complete and true to the best of my knowledge and belief and shall form a part of the annuity contract issued hereon. I understand that I am purchasing an annuity contract. I believe that this contract is consistent with my financial needs and that the replacement information is correct.

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I have read and understand the important disclosures located on this application.

Owner's Signature

Joint Owner's Signature (if applicable)

Signed at (city, state)

Date

**Agency
Statement**

*Deliver contract
to:*

☐ Agent

☐ Owner

Does the Owner have any existing life insurance policies or annuity contracts with this or any other company?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Will the annuity applied for here replace any annuity or life insurance from this or any other company?

☐ Yes (complete any state specific replacement forms, if required) ☐ No

Did you receive a prospectus?

☐ Yes ☐ No

Do you want an electronic prospectus (please include email address for owner)?

☐ Yes ☐ No

Purchase Payments to the Symetra Life Fixed Account will be allocated immediately upon receipt. Purchase Payments to the variable Portfolios may initially be allocated to the [Fidelity VIP Money Market Portfolio – Service Class 2] as described in your Contract and then will be allocated according to your investment instructions, unless you have canceled the Contract.

Explanation of how this contract meets the owner's financial objectives and risk profile:

I have reviewed the applicant's financial status and objective and find this coverage is appropriate for his/her needs.

Licensed Agent's Signature

Date

Agent Stat #

Print Agent Name and Agency Name

Address

State-Assigned License Identification Number

Telephone

Fraud Warning

For Residents of Other States: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Arkansas, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Multi-State [California, Florida, Georgia, Louisiana, Nevada, Texas and Washington D.C.]:

Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Residents of other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**[Product
Name]**

[Feature Name]

[Additional Information (if applicable):]

[Dollar Amount]

[Frequency]

[Number of Transfers]

[Start Date or Deferral Period]

[Duration]

[Duration Qualifier (e.g. M / Q / Y)]

[Source Fund Allocation %]	[Fund Name]	[Destination Fund Allocation %]	[Fund Name]
_____	[Funds]	_____	[Funds]

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Statement of Variability

01/23/2009

Comments:

Attachment:

Statement of Variability.PDF

Statement of Variability

The following items are being filed in brackets:

Multi State Fraud Warning –this encompasses all of the states that are currently participating in the Multi State Review but has been bracketed to include future states that may join the Multi State Review..

RSA-0013/A 1/09 Supplemental Page – This page will only be issued when one of the Benefits/Riders/Service Features is chosen.